PAVILION RESERVATION FORM

TOWN OF EASTON

Parks & Recreation

14 South Harrison Street

Easton, Maryland 21601

Phone (410)822-2525   Fax (410)820-8016

PAVILION RESERVATION REQUEST FORM

Name:_____ Telephone: (____)_____

　　　　　　　　Print

Address:_____ City:_____ State:____ Zip:_____

Email address:_____

Name of Company or Organization: _____

Representing: Self _____ Other:_____

Pavilion: Idlewild _____   Moton _____   Thompson Park _____

Reservation Date: _____ Time:_____

Type of event: _____

Approximate number of guests expected: _____

1. Reservations are accepted on a first come first serve basis. You will be contacted on availability.
2. User is responsible for clean-up of all trash and debris subsequent to use. Trash must be disposed of in proper trash receptacles.
3. Vehicles are not permitted on grass. Parking allowed in designated areas only.
4. Alcoholic beverages are not permitted in Town of Easton parks.
5. The Town of Easton is not responsible for any property that is damaged, destroyed or lost.
6. User is responsible for obtaining a "Public Assembly Permit" application from the Easton Police Department in a timely manner for approval.
7. Extra amenities are not allowed in any park without approval and written permission from Director of Parks and Recreation prior to an event. User will be responsible for obtaining a "Certificate of Insurance" naming the Town of Easton as an additional insured and presenting a copy of the declaration sheet to Director of Parks and Recreation 10 days prior to event.

I, the undersigned, agree to abide by all rules set forth herein and I shall be responsible for the safe, orderly use of this public property. I agree to indemnify and save harmless the Town of Easton, its employees, and agents from any act of commission or omission which may result in any personal injury or property damage arising of the use of Town facilities.

_____   _____

Signature   Date
_____

Return completed application to:

Mail: Town of Easton   Attn: Park and Recreation Dept. 14 S. Harrison Street, Easton, MD 21601   or

Email: lgould@town-eastonmd.com   or

fax: 410-820-8016 Attn: Park and Recreation Dept.
_____

*Application must be received at least 10 days prior to requested date of use.
_____

Office use only.

Date Received _____

Request Granted _____   Request Denied _____
_____